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**geron**

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## Facsimile Transmittal Sheet

Date: July 24, 2006

To: Ted Apple, J.D., Ph.D.

TOWNSEND AND TOWNSEND AND CREW

Fax #: (650) 326-2422

Page 1 of 15 (including cover and ending sheet)

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USSN 10/044,692  
Your Reference: 015389-002640US  
Geron Docket No. 018/213C

Please see attached 3<sup>rd</sup> Supplemental Amendment filed July 21<sup>st</sup>.

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PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

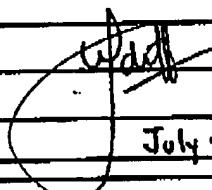
Total Number of Pages in This Submission

11

Application Number	10/044,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cach, et al.
Art Unit	1642
Examiner Name	Susan Nmn Ungar
Attorney Docket Number	015389-002640US; 018/213C

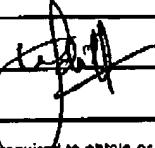
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> 3rd Supplemental Amendment/Reply (8 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.59	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Revival of Application (2 pages) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <input type="checkbox"/> Remarks
Last page marker (1 page)		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Geron Corporation		
Signature			
Printed name	J. Michael Schiff		
Date	July 21/06	Reg. No.	40,253

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	MICHAEL SCHIFF		Date
			July 21/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)

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FEE TRANSMITTAL  
For FY 2006 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

800

## Complete if Known

Application Number	10/044,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Examiner Name	Susan Nmn Ungar
Art Unit	1642
Attorney Docket No.	015389-002640US; 018/213C

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 07-1139 Deposit Account Name: Geron Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.16 and 1.17

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

## Small Entity

Fee (\$)

Fee (\$)

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	total claims previously paid = 38	Multiple Dependent Claims
46	8	50	400		

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	total independent claims previously paid = 8	
10	2	200	400		

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

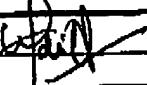
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		40,253	(650) 473-7715
Name (Print/Type)	J. Michael Schiff	Date	July 24/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL  
For FY 2006 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

800

## Complete If Known

Application Number	10/044,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Examiner Name	Susan Nmn Unger
Art Unit	1642
Attorney Docket No.	015389-002640US; 018/213C

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 07-1139 Deposit Account Name: Geron Corporation

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under 37 CFR 1.18 and 1.17

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	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	total claims previously paid =	Multiple Dependent Claims	
					Small Entity	Fee (\$)
46	8	50	400	38		50
• 20 or HP =						25
						200
						100
						360
						180

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	total independent claims previously paid =	Multiple Dependent Claims	
					Small Entity	Fee (\$)
10	2	200	400	8		
• 3 or HP =						

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

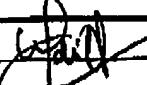
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

SUBMITTED BY		Registration No. (Attorney/Agent)	40,253	Telephone (650) 473-7715
Signature		J. Michael Schiff		
Name (Print/Type)			Date July 21/06	

This collection of information is required by 37 CFR 1.196. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

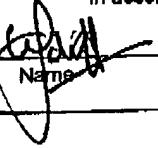
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NameJuly 24/06  
Date

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Thomas R. Cech et al.

Art Unit: 1642

Filing Date: January 11, 2002

Examiner: Susan N.M.N. Ungar, Ph.D.

Serial No: 10/044,692

Docket: 015389-002640 US;  
018/213cTitle: NUCLEIC ACID VACCINE FOR ELICITING  
AN IMMUNE RESPONSE AGAINST  
TELOMERASE REVERSE TRANSCRIPTASE

## THIRD SUPPLEMENTAL AMENDMENT

Commissioner for Patents  
Alexandria VA 22313

Dear Sir,

This paper is supplemental to the amendments filed in this application on November 10, 2005,  
April 3, 2006, and May 18, 2006.

The claims added in this Amendment adopt a suggestion made by the Office, and either place  
the application in condition for allowance, or simplify issues for appeal. Accordingly, this paper  
qualifies for consideration under 37 CFR § 1.111(a)(2).

Please enter the following amendments and remarks.